MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01581
932

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) dead
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS High St (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) David (Middle) (Last) Anderson
4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Col.	Single	12-25-1871	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Norfolk, Va.	U.S.A.

13. FATHER'S NAME Jacob Anderson.
14. MOTHER'S MAIDEN NAME Rachael Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Sid Leeles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary.
Antecedent cause(s) (b) Myocarditis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Large Inguinal Hernia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R L Dodson M.D. Medical Examiner for Cecil County Rising Sun Md 2-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 3 1949	Elkton Colored Cemetery	Elkton, Cecil	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/3/49	F H Frazer	W. W. Pippin & Son	Elkton, Md. W. A. Long

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 7 1949
BUREAU V. S.

Bc 01582

443
93d

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore,
STREET ADDRESS (If rural give location) 821 Barre Street

3. NAME OF DECEASED (Type or Print) (First) Benjamin F. (Middle) (Last) Anthony
4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-8-76
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Anthony
14. MOTHER'S MAIDEN NAME Ida K. Schlueter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) SAW
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records Veterans Administration Hospital Perry Point Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardiovascular disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1948, to 2-19-, 1949, that I last saw the deceased alive on 2-19-49, 19..., and that death occurred at 2:58 A m., from the causes and on the date stated above.

SIGNATURE A. G. Kellinger (Degree or title) ADDRESS Chief of Professional Services VA Hospital Perry Point DATE SIGNED

23. ~~BURIAL, CREMATION REMOVAL~~ (Specify) ~~Burial~~ Removal
DATE 2-19-49
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Baltimore, Md (State) Md.

DATE REC'D BY LOCAL REG. Feb 19, 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty,
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

01583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260

CERTIFICATE OF DEATH

61 Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Elkton Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton,
STREET ADDRESS (If rural give location) W. Main St.

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) (Last) ANZALONE
4. DATE OF DEATH (Month) Feb (Day) 26 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 2, 1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aerial Prod.
10b. KIND OF BUSINESS OR INDUSTRY Executive
11. BIRTHPLACE (State or foreign country) New York. N.Y.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Gerard Anzalone (Italy)
14. MOTHER'S MAIDEN NAME Domenic (Maria
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 051-18-4828.
17. INFORMANT Mrs Ralph Anzalone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Occlusion	15 MIN
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Myocarditis	5 yrs
	(c)	Diabetes Mellitus	unknown

II. OTHER SIGNIFICANT CONDITIONS
Cooditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None
(CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 16 Jan, 1949, to 26 Feb, 1949, that I last saw the deceased alive on 24 Feb, 1949, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE George J Kreis, Jr (Degree or title) MD. ADDRESS Elkton Md DATE SIGNED 26 Feb. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE 2/27/49
NAME OF CEMETERY OR CREMATORY E Rockaway N.Y.
LOCATION (City, town, or county) New York (State)
DATE REC'D BY LOCAL REG. 2/27/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Kippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. A.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union — 1 WK

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LESLIE Md
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) E (Last) Benjamin

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4-10-76

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER

10b. KIND OF BUSINESS OR INDUSTRY: COAL + Lumber

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES A. BENJAMIN

14. MOTHER'S MAIDEN NAME: MARY ELDERDICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs Joseph E Benjamin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3½ days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 6 Feb, 1949, and that death occurred at 3:25 A. m., from the causes and on the date stated above.

SIGNATURE: Klaus H Hudner M.D. (Degree or title) ADDRESS: North East, Md DATE SIGNED: 6 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 2-9-49
NAME OF CEMETERY OR CREMATORY: METHODIST
LOCATION (City, town, or county): NORTH EAST (State): Md

DATE REC'D BY LOCAL REG.: 2/8/49
REGISTRAR'S SIGNATURE: J R Frazer

24. FUNERAL DIRECTOR: Joseph R Grant North East Md ADDRESS

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FEB 14 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 443 932 01585

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 231 E. Main St.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) (Last) Borland

4. DATE OF DEATH (Month) Feb (Day) 10 (Year) 1949

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 10-1869

9. AGE last birthday 79 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Anderson

14. MOTHER'S MAIDEN NAME Nancy Dorey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr. Wilbur Borland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic hypertensive cardio-vascular disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 19 49, to Feb 10, 19 49, that I last saw the deceased alive on Feb 10, 19 49, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE L. Bell Anderson jr. (Degree or title) M.D. ADDRESS 231 E. Main St. Elkton Md. DATE SIGNED 2/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 2-13-49 | NAME OF CEMETERY OR CREMATORY Sharps | LOCATION (City, town, or county) (State) Near Fair Hill Cecil Md.

DATE REC'D BY LOCAL REG. 2/12/49 | REGISTRAR'S SIGNATURE E R Strazer

24. FUNERAL DIRECTOR. ADDRESS H. W. Pippin & Son

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1949

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital Elkton, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Emily (Middle) Miesel (Last) Bungard

4. DATE OF DEATH (Month) Feb (Day) 25 (Year) 1949

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov 22, 1897
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Miesel
14. MOTHER'S MAIDEN NAME Margaret Butcha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal obstruction	2 days
Antecedent cause(s)	(b) Carcinoma of Colon (Sigmoid)	1 year
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 1947
19b. MAJOR FINDINGS OF OPERATION Procedentia + prolapse of rectum
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1932, to Feb 24, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 2 10 A m., from the causes and on the date stated above.

SIGNATURE Henry Davis MD (Degree or title) ADDRESS Chesapeake City Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 28, 1949
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Near Chesapeake City Md.

DATE REC'D BY LOCAL REG. 2/27/49
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son
ADDRESS Elkton, Md.
Per W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01587

2601

61

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
STREET ADDRESS (If rural, give location) 155 East Main

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Harriet M. Campbell

4. DATE OF DEATH (Month) (Day) (Year) 2 18 1949

5. SEX FEMALE FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH Nov 1887
9. AGE last birthday 61 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME THOMAS B. MILLER
14. MOTHER'S MAIDEN NAME HARRIET ROSE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. 010-20-8611
17. INFORMANT M. Louise Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis (Recurrent)	15 min.
Antecedent cause(s)	(b) Diabetes Mellitus	28 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardiac Decompensation	5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While ~~At work~~ ☐
HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from January, 1949, to 18 Feb, 1949, that I last saw the deceased alive on 18 Feb, 1949, and that death occurred at 12:47 P m., from the causes and on the date stated above.

SIGNATURE George J Kuen, Jr., M.D. (Degree or title) ADDRESS Elkton Md DATE SIGNED 18 Feb 49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE 2-21-49
NAME OF CEMETERY OR CREMATORY OXFORD
LOCATION (City, town, or county) OXFORD (State) PA

DATE REC'D BY LOCAL REG. 2/19/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01588

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 2 yrs. 2 mos. 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Unknown — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) LEON (Middle) — (Last) CHUCKMAN

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: (1891) Unknown - approx. 58 yrs.

9. AGE last birthday: If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown -

14. MOTHER'S MAIDEN NAME: Mrs. Palarea (?) Chuckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastases to lung from renal carcinoma — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1946, to Feb. 19, 1949, that I last saw the deceased alive on Feb. 19, 1949, and that death occurred at 3:32 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A.E. Trollinger
A.E. TROLLINGER, M.D., Chief, Professional Services, VA Hospital, Perry Point, Md. 2-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: Feb. 22, 1949
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Feb. 22, 1949
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1781
S15
1949

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01589

420.1

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
~~CITY~~ TOWN (If outside corporate limits, write RURAL and give nearest town): Perryv Point. — LENGTH OF STAY (in this place): 5 yrs. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural give location): 510 - 8th Street, S.W.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) J. (Last) CORDONI

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.

8. DATE OF BIRTH: 7-28-1898

9. AGE last birthday: 50 yrs. — If under 1 year: Months 6, Days 9, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Typist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacoma Cordani - deceased

14. MOTHER'S MAIDEN NAME: Rosa Devoti - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	
	(c) Myocardial fibrosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., ~~that I last saw~~ the deceased was alive on Feb. 7, 1949, and that death occurred at 7:35 PM m., from the causes and on the date stated above.

SIGNATURE: R.G. Dodson M.D. — (Degree or title): Medical Examiner for Cecil County — ADDRESS: Rising Sun, Md. — DATE SIGNED: 2-7-49

23. ~~DISPOSITION~~ REMOVAL (Specify): Feb. 9, 1949 — DATE: 2-9-49 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county): Fort Myer, Va. — (State): Va.

DATE REC'D BY LOCAL REG.: Feb. 9, 1949 — REGISTRAR'S SIGNATURE: Irma E. Daugherty

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS:

PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB [illegible] 1949
BUREAU V. S.

RECEIVED
FEB 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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94a

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 263 W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 263 W. Main.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) D. (Last) Foster

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 27, 1882

9. AGE last birthday: 66 yrs. | If under 1 year: Months 3 Days 26 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Marley Paper Mill

11. BIRTHPLACE (State or foreign country): Elkton Md. R.F.D #1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Thomas Foster

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Valley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-7886

17. INFORMANT: Ernest Foster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — Minutes

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis with

(c) coronary sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 3 hours.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 22, 1949 to Feb. 22, 1949, that I last saw the deceased alive on Feb. 21, 1949, and that death occurred at 6 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Milford W. Drecker, M.D. | Elkton, Md | Feb. 24, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb 26 1949 | NAME OF CEMETERY OR CREMATORY: Elkton | LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REG. 2/25/49 | REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: H. W. Tiffin & Son. | ADDRESS: Elkton Md.

Dr W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01591

237
572

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 308 Millers Court, N.E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANDERSON	-	GRAY	Feb.	27,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	1893	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Spartanburg, S.C.	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW_I	300 05 9673	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial	72 hours
Antecedent cause(s)	Due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Neoplasm, cerebral, right temporal lobe, type undetermined	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work [ ] Not While At work [ ]	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from Jan. 28, 1949, to Feb. 27, 1949, that I last saw the deceased alive on Feb. 27, 1949, and that death occurred at 12:08 PM., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E.P. BRANNON, M.D.	Actg. Chief, Professional Services, VAH	Perry Point, Md.	Feb. 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	3/2/49	Unknown	Spartanburg, S.C.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 2, 1949	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 83a 01592

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 109 Bethel St.

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Harris (Last)

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1949

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH 1-29 1875

9. AGE last birthday 73 yrs. If under 1 year: Months 11 Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk dealer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Unk

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unk.

14. MOTHER'S MAIDEN NAME Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R C Dodson MD (Degree or title) Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 2-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 28, 1949 NAME OF CEMETERY OR CREMATORY Elkton Colored Cemetery LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. 2/27/49 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md Per W. A. Lusby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place):
HOSPITAL OR ~~INSTITUTION~~ ~~STREET ADDRESS~~: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace; STREET ADDRESS (If rural give location): 315 Freedom Alley

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) - (Last) HAYCOCK

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep

8. DATE OF BIRTH: 3-18-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months 10 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James ?Edward Haycock - deceased

14. MOTHER'S MAIDEN NAME: Laura Smith - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 218-03-7445

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Auricular fibrillation — Interval between onset and death: Approx. 7 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

due to

(b) Hypertensive cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis, generalized

19a. DATE OF OPERATION: 0--

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): --

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Jan. 24, 1949, to Feb. 1, 1949, that I last saw the deceased alive on Feb. 1, 1949, and that death occurred at 3:30 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Trollinger — A.E. TROLLINGER, M.D., Chief Professional Services, VAH, Perry Point, Md. 2-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: Feb. 1, 1949

NAME OF CEMETERY OR CREMATORY: Swan Creek Cemetery

LOCATION (City, town, or county) (State): Swan Creek, Harford Co., Md.

DATE REC'D BY LOCAL REG.: Feb. 1 1949

REGISTRAR'S SIGNATURE: Irma E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
FEB 4 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 11 yrs. 2 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C.; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington; STREET ADDRESS (If rural give location): 1110 P. Street, N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	--	HOLLIDAY	Feb.	2,	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Negro	Single	Mar. 3, 1897	51 yrs.		29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Gordonville, Va.	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW-I	None	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	3 minutes
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		

22. I hereby certify that I attended the deceased from Dec. 1, 1937, to Feb. 2, 19 49 that I last saw the deceased alive on Feb. 2, 19 49, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. E. Trollinger	M.D., Chief Professional	Services, VAH, Perry Point, Md.	2-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Feb. 2, 1949		Gordonsville, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 2, 1949	Irma E. Daugherty	Charles R. Law	CHARLES R. LAW, 802 MADISON AVENUE BALTIMORE, MARYLAND

RECEIVED
FEB 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) — (Last) Isaac

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Dec 2. 1871

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cecil County. Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: David Lewis

14. MOTHER'S MAIDEN NAME: Sabina Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Catherine Knowles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic endocarditis with failure yrs.	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arterio-sclerosis	Unknown
	(c) Old Toxic goitre	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/49, 1940, to Feb 23d, 1949, that I last saw the deceased alive on Feb 23d, 1949, and that death occurred at 3/23/49 6.30 P m., from the causes and on the date stated above.

SIGNATURE T. H. McKnight. M.D. (Degree or title) ADDRESS Elkton. Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 2-26-49; NAME OF CEMETERY OR CREMATORY Ebenezer; LOCATION (City, town, or county) (State): Rising Sun Rural Md

DATE REC'D BY LOCAL REG. 2/26/49; REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R. Grant; ADDRESS North East Md

RECEIVED
MAR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01596

490
108

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 22 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 116 Collins Ave.

3. NAME OF DECEASED (Type or Print): (First) NELSON (Middle) E (Last) JACKSON
4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1949
5. SEX: M
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 11-3-1895
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Dupont Co.
11. BIRTHPLACE (State or foreign country): Warsaw Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis Jackson
14. MOTHER'S MAIDEN NAME: Lufielda Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Gertrude Nutt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Right Lobar Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. E. Dodson M.D. (Medical Examiner for Cecil County) — ADDRESS Elkton Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/23/49 | NAME OF CEMETERY OR CREMATORY Providence Cem. | LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. 2/23/49 | REGISTRAR'S SIGNATURE F. R. Frazer | 24. FUNERAL DIRECTOR Edw. R. Bell | ADDRESS 909 Poplar St. Wilmington, Del

RECEIVED
FEB 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01597

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 11 yrs. 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: North Carolina
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) LEE (Last) JORDAN

4. DATE OF DEATH: (Month) February (Day) 16, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 10, 1907

9. AGE last birthday: 41 yrs. If under 1 year: Months 9 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 2/10/32 12/28/33

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records Veterans Adm. Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis, pulmonary, far advanced, bilateral — approx. 15 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22/38, 19..., to 2/16/..., 1949, that I last saw the deceased alive on February 16, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. E. TROLLINGER, M.D. CHIEF, PROFESSIONAL SERVICES

ADDRESS: Veterans Administration Hospital, Perry Point, Md.

DATE SIGNED: 2/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2/21/49

NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Feb. 21, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Pennington & Son,

ADDRESS: Havre De Grace, Md.

RECEIVED
FEB 23 1949
BUREAU V. B.

01598

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1
94a Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 35 ms.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 North St.	STREET ADDRESS (If rural give location) 113 North St.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) KARAGANIS

4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1949

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH 3-1-1870 | 9. AGE last birthday 78 yrs. | If under 1 year Months Days | If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Prop. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Greece | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Karaganis | 14. MOTHER'S MAIDEN NAME Mary Franko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Christopher J Nicholson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R. L. Dodson MD (Degree or title) Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 2-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb 23, 1949 | NAME OF CEMETERY OR CREMATORY Elkton Catholic | LOCATION (City, town, or county) Elkton Md (State)

DATE REC'D BY LOCAL REG. 2/22/49 | REGISTRAR'S SIGNATURE F. W. Frazer | 24. FUNERAL DIRECTOR H. W. Pippin & Son. ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 01599
940

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 265 W. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural give location) 317 W. Main St

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) THEODORE (Last) MARCUS

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-1-1881

9. AGE last birthday: 67 yrs. If under 1 year: Months 3 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manufacturer

10b. KIND OF BUSINESS OR INDUSTRY: Paper

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alfred T Marcus

14. MOTHER'S MAIDEN NAME: Maryann Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ida M. Bramble

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. E. Dodson M.D. Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 2-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 2-19-49; NAME OF CEMETERY OR CREMATORY Gilpin Manor; LOCATION (City, town, or county) Elkton (State) Md.

DATE REC'D BY LOCAL REG. 2/17/49; REGISTRAR'S SIGNATURE E R Frazer

24. FUNERAL DIRECTOR H.W. Pippin & Son; ADDRESS Elkton Md.

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

148 01600

CERTIFICATE OF DEATH

45 P Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Di Posit
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil Harford
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Di Posit
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Oscar (Last) Martin
4. DATE OF DEATH (Month) Feb (Day) 10 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married
8. DATE OF BIRTH August 23 1881
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME James H. Martin
14. MOTHER'S MAIDEN NAME Mary Smithson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. 218-07-8003
17. INFORMANT Mrs. Samuel O Martin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of throat

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓ (c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from June 15, 1948, to Feb 10, 1949, that I last saw the deceased alive on Feb 9th, 1949, and that death occurred at Port Di Posit Md, from the causes and on the date stated above.

SIGNATURE F. P. Snodgrass (Degree or title) M.D. ADDRESS Darlington Md DATE SIGNED

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE Feb 13, 1949
NAME OF CEMETERY OR CREMATORY Emory Cem
LOCATION (City, town, or county) Harford Co., (State) Md

DATE REC'D BY LOCAL REG. Feb 11-49
REGISTRAR'S SIGNATURE L M Whington
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

EVIDENCE FOR ADDITION IN # 186 IS ON!

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 119 MAR 28 1949

CERTIFICATE OF DEATH

442 01601

137a Reg. Dist. No. 92

1. PLACE OF DEATH: Union Hospital
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Elkton Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 269 West Main St.

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) Day (Last) Moore

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1-25-1876
9. AGE last birthday 73 yrs. If under 1 year Months. Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James C. Moore
14. MOTHER'S MAIDEN NAME Elizabeth Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT E. Day Moore Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio vascular renal disease is underlying cause of death (E 3/28/49 ahc.)

(c) Arteriosclerosis. Chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH 16 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophy of Prostate gland

19a. DATE OF OPERATION 2-11-49
19b. MAJOR FINDINGS OF OPERATION Obstruction of bladder by Prostate gland
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/30, 1949, to 2/14, 1949, that I last saw the deceased alive on 2/14, 1949, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) ADDRESS Elkton Md DATE SIGNED 2/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2-17-49
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) (State) Elkton Md.

DATE REC'D BY LOCAL REG. 2/17/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

332
83b

01602

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 1 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Murray
4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 49
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2-21-1867
9. AGE last birthday 81 yrs. If under 1 year: Months 11 Days 23 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leslie Cecil Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Isaac D. Worral
14. MOTHER'S MAIDEN NAME Annie E. Murray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Ray Gunderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism — Interval between onset and death: 14 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension & Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. Dodrow M.D. — ADDRESS Medical Examiner for Cecil County Rising Sun Md — DATE SIGNED 2-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE 2-18-49 — NAME OF CEMETERY OR CREMATORY CHESTER RURAL — LOCATION (City, town, or county) CHESTER — (State) PA

DATE REC'D BY LOCAL REG. 2/15/49 — REGISTRAR'S SIGNATURE F. L. Frazer — 24. FUNERAL DIRECTOR Joseph R. Grant — ADDRESS North East Md

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

252.0 01603

EVIDENCE FOR REARRANGEMENT # 18 IS ON: FILM # G119-4-1-49A.

CERTIFICATE OF DEATH

63 b Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Perryville, LENGTH OF STAY (in this place) 50 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Perryville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Francis	(Middle) Clyde	(Last) Nickle	4. DATE OF DEATH	(Month) Feb. (Day) 24, (Year) 1949 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-8-1879	9. AGE last birthday 69 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Day	11. BIRTHPLACE (State or foreign country) Cecil Co., Md.	12. CITIZEN OF WHAT COUNTRY? U S		
13. FATHER'S NAME Samuel Cooley Nickle	14. MOTHER'S MAIDEN NAME Margery Foster				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Bessie H. Nickle			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Valvular Heart Disease	10 yrs
Antecedent cause(s)	(b) Exopthalmic Goitre	15 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Interstitial Nephritis	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1940, to Feb 24, 1949, that I last saw the deceased alive on Feb 24, 1949, and that death occurred at 10.30 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. F. Magraw	M.D.	Perryville Md	Feb 25 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2-26-49	NAME OF CEMETERY OR CREMATORY Asbury Cemetery	LOCATION (City, town, or county) (State) Perryville, Md. Rural
DATE REC'D BY LOCAL REG. Feb. 26, 1949	REGISTRAR'S SIGNATURE Irene E. Dougherty	24. FUNERAL DIRECTOR Lee A. Patterson & Son	ADDRESS Perryville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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RECEIVED
MAY 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01604

2411 N. Charles Street, Baltimore 500

CERTIFICATE OF DEATH 30C Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 4 Yrs 5Mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location) 315 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) L. (Last) Northcraft

4. DATE OF DEATH: (Month) Feburary (Day) 5 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-22-93

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Okonoke, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hezekiah Northcraft

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records Veterans Administration Hospital Perry Point Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tracheo bronchitis, acute, severe. — 20 Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Possible foreign body.

(c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with central nervous system, lues Menigo-encephalitic type.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5/, 19 44, to 2/5/, 19 49, that I last saw the deceased alive on 2/5/, 19 49, and that death occurred at 7:40 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) A.E. TROLLINGER, M.D. — ADDRESS Chief, Professional Services Perry Point, Md. — DATE SIGNED 2-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE 2-6-49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Paw Paw, W.Va.

DATE REC'D BY LOCAL REG. Feb 6, 1949 — REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR — ADDRESS PENNINGTON AND SON HAVRE DE GRACE, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

491 107 01605

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Grover (Last) Roark

4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 1949

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 7-9-48
9. AGE last birthday yrs. If under 1 year Months 7 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md. Cecil Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Grover Roark
14. MOTHER'S MAIDEN NAME Chessie Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Anna May Wheatley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho Pneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE R C Dodson MD (Degree or title) Medical Examiner for Cecil County ADDRESS Rising Sun Md DATE SIGNED 2-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/15/49
NAME OF CEMETERY OR CREMATORY Elkton
LOCATION (City, town, or county) Elkton Cecil (State) Md

DATE REC'D BY LOCAL REG. 2/15/49
REGISTRAR'S SIGNATURE F K Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Per W. A. Lusby Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

816.5 170 C

01606

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (in this place) on Highway
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 318 Hollingsworth Manor

3. NAME OF DECEASED (Type or Print): (First) Elwood (Middle) LEE (Last) SAGE

4. DATE OF DEATH: (Month) 2 (Day) 19 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: 4-18-1924 — 9. AGE last birthday: 24 yrs. — If under 1 year: Months 10, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosp. Orderly — 10b. KIND OF BUSINESS OR INDUSTRY: Hospital — 11. BIRTHPLACE (State or foreign country): Speedville Va. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Albert Sage. — 14. MOTHER'S MAIDEN NAME: Lettie Copeland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: yes. World War 2. — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Louis Sage.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Compound fracture of skull.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of both femur above knee. Also left radius

(c) Laceration of throat Left forearm & body.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Route 40 — (CITY OR TOWN): North East — (COUNTY): Cecil — (STATE): Md.

TIME OF INJURY (Month) 2 (Day) 19 (Year) 49 (Hour) 12:1 a.m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Collision with trucks

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Dodson M.D. — ADDRESS Medical Examiner for Cecil County Rising Sun Md. — DATE SIGNED 2-19-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 22, 1949 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Cecil Md.

DATE REC'D BY LOCAL REG. 2-26-49 — REGISTRAR'S SIGNATURE: Sarah C. Rothermel — 24. FUNERAL DIRECTOR: H. W. Pippin & Son — ADDRESS: Elkton Md.

W. A. Lusby

RECEIVED
MAR 1 1949
BUREAU V. S.

EVIDENCE FOR CHANGE FROM "I" to "II" # 18 & 19 ON.

FILM No. G 119 MAR 28 1949

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 118 FEB 10 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01607

585
127a

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Childs - Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) D. (Last) Scott

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-26-1881

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York State

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Oscar Davis

14. MOTHER'S MAIDEN NAME: Ellen Bersacks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr Boyd Scott Elkton RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Emphysema of gall bladder	about 2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetis mellitus since with acedosis	about 10 yrs.
	(c) Cardio vascular-renal disease & thrombosis of left leg & thigh	apprx. 10 yrs 5 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/1/49

19b. MAJOR FINDINGS OF OPERATION: Hydrops of gall bladder & adhesions

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about 20 yrs, to 2/2/, 1949 that I last saw the deceased alive on 2/2/, 1949, and that death occurred at 9.30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) V. H. McKnight - M.D. ADDRESS Elkton - Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 4, 1949 — NAME OF CEMETERY OR CREMATORY: Cherry Hill Cemetery — LOCATION (City, town, or county) (State): Cherry Hill-Cecil-Md

DATE REC'D BY LOCAL REG. 2/3/49 — REGISTRAR'S SIGNATURE: J R Brazer

24. FUNERAL DIRECTOR: H. W. Pippin & Son — ADDRESS: Elkton, Md. Over W.A. Long

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01608

2411 N. Charles Street, Baltimore 331 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 6 days 15 m
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 112 Moffitt St.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) SIMMONS
4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 1949
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH March 12-1873
9. AGE last birthday 75 yrs. — If under 1 year: Months 11 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Dick
14. MOTHER'S MAIDEN NAME Mary Kelley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lawrence Simmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemmorhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artio Sclerosis & Hypertension (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J. A. Dodson M.D. (Degree or title) Medical Examiner for Cecil County — ADDRESS Rising Sun Md. — DATE SIGNED 2-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2/15/1949 — NAME OF CEMETERY OR CREMATORY Elkton — LOCATION (City, town, or county) Elkton Cecil (State) Md

DATE REC'D BY LOCAL REG. 2/15/49 — REGISTRAR'S SIGNATURE H. Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son — ADDRESS Elkton Md

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

976 164 C

01609

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bayview LENGTH OF STAY (in this place): 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bayview
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Beecher (Last) Smith

4. DATE OF DEATH: (Month) 2 (Day) 13 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 12 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months 6 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Beecher Smith

14. MOTHER'S MAIDEN NAME: Hanna Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 218-28-4206

17. INFORMANT: Mrs Ed. B Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun shot wound involving head and both eyes & part of nose

Antecedent cause(s) (b) with loss of all brain

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) substance

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Woods. (CITY OR TOWN) Bayview (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 2 (Day) 14 (Year) 1949 (Hour) 7 a m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Placed shot gun to head & pulled trigger

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: R C Dodson MD (Degree or title) Medical Examiner for Cecil County ADDRESS: Rising Sun Md DATE SIGNED: 2-13-49.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE: 2-16-49 NAME OF CEMETERY OR CREMATORY: BAYVIEW METHODIST LOCATION (City, town, or county): BAYVIEW (State): Md

DATE REC'D BY LOCAL REG.: 2-16-49 REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph P Grant ADDRESS: North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

501
106 c

01610

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STATE: MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joyce (Middle) Ann (Last) Smith

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1-28-49

9. AGE last birthday: yrs. If under 1 year: Months. Days: 6 | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): North East Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chalmer W Smith

14. MOTHER'S MAIDEN NAME: Dorothy Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Chalmer W Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchitis — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1949, to 2-3, 1949, that I last saw the deceased alive on 2-3, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C B Collins — ADDRESS: North East, Md. — DATE SIGNED: 2-4-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-4-49 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county): North East — (State): Md

DATE REC'D BY LOCAL REG.: Feb 4-49 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R Grant — ADDRESS: North East Md

VS. A15

RECEIVED
FEB 9 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 120 MAY 26 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01611

Reg. Dist. No. 96

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 2 mos. 21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen; STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	WILLIAM	--	SPANN		Feb.	22,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Jan. 13, 1880	69 ~~59~~ yrs.	1	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Handyman		Baltimore, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Unknown		Unknown	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, primary, right lung	Unknown
162 Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb. 22, 1949	Same as above	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from Dec. 1, 1948, to Feb. 22, 1949, that I last saw the deceased alive on Feb. 22, 1949, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Trollinger A.E. TROLLINGER, M.D., Chief Professional Services, VAH, Perry Point, Md. 3-11-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 11, 1949	Cecil County Alms Farm	Cecil County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
Mar 16 1949	Irene E. Daugherty	Lee A. Patterson & Son LEE A. PATTERSON & SON Perryville, Maryland

RECEIVED
MAR 12 1949
BUREAU

01612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1
124b

Reg. Dist. No. 96

EVIDENCE FOR CHANGE # X18 IS ON: Q119 FILM - 4-1-49a

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville (75 ft) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear Taylor's Taxi Stand.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace.
STREET ADDRESS (If rural, give location) 722 Erie

3. NAME OF DECEASED (Type or Print) (First) Cherubino (Middle) (Last) Toti

4. DATE OF DEATH (Month) Feb. (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Aug 24, 1896
9. AGE last birthday 52 yrs. If under 1 year: Months 6, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lorenzo Toti
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 212-10-2135
17. INFORMANT Mrs. Peter Langnis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary ~~Conclusive~~ Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Hypertrophic cirrhosis of liver

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY No injury (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 25, 1949, to Feb. 25, 1949, that I last saw the deceased ~~alive~~ dead on Feb. 25, 1949, and that death occurred at 12 20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milford H. Sprecher, MD - Deputy Medical Examiner, Elkton, Md Feb. 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/28/49
NAME OF CEMETERY OR CREMATORY Mt. Erin
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Feb. 26, 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son, ADDRESS Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

01613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

CERTIFICATE OF DEATH

83a Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 2 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) P. O. Box 103

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) Y. (Last) WALTON

4. DATE OF DEATH (Month) 2 (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-7-91
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman, RR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chester, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Y. Walton
14. MOTHER'S MAIDEN NAME Emma R. Sayers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Hospital Records, VAH - Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage, cerebral

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral & Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1946, to February 20, 1949, that I last saw the deceased alive on February 20, 1949, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE A. E. Trollinger (Degree or title) CHIEF, PROFESSIONAL SERVICES, VA HOSPITAL, PERRY POINT, MD. ADDRESS DATE SIGNED 2/20/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 2/23/49
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) (State) Westchester County, Penna.

DATE REC'D BY LOCAL REG. Feb 20, 1949
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR J. B. Smith & Son ADDRESS J. B. SMITH & SON, WESTCHESTER, PENNA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 22 1949
BUREAU V. S.